



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE  
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	4700 (Prior Period)	NAIC Company Code	95562	Employer's ID Number	38-3252216
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI, US 48532 (City or Town, State, Country and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	Rachel L. Hairston (Name)		(810)733-9678 (Area Code)(Telephone Number)(Extension)			
	rachel.hairston@mclaren.org (E-Mail Address)		(810)600-7947 (Fax Number)			

OFFICERS

Name	Title
NANCY JENKINS	President
KATHY KENDALL	Vice President
PATRICK HAYES	Secretary
DAVE MAZURKIEWICZ	Treasurer
CHERYL DIEHL	Assistant Treasurer
KEVIN TOMPKINS	Chairman
CAROL SOLOMON	Assistant Secretary
KATHLEEN KUDRAY D.O.	Chief Medical Officer

OTHERS

LAKISHA ATKINS, Enrollee Representative

DIRECTORS OR TRUSTEES

NANCY JENKINS  
PATRICK HAYES  
KEVIN TOMPKINS  
DAVE MAZURKIEWICZ

State of Michigan  
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
NANCY JENKINS	CAROL SOLOMON	CHERYL DIEHL
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Assistant Secretary	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this  
day of , 2019

a. Is this an original filing?  
b. If no, 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	108,925	90,271	84,084	77,152	77,152	283,280
0299998 Premiums due and unpaid not individually listed .....						
0299999 TOTAL Group .....						
0399999 Premiums due and unpaid from Medicare entities .....						
0499999 Premiums due and unpaid from Medicaid entities .....						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	108,925	90,271	84,084	77,152	77,152	283,280

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....						
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
Other Receivables						
Maternity Case Rate Receivables .....	1,934,121	270,651	118,611	541,894		2,865,277
PCP Enhanced Pmt Receivable .....				12,597	12,597	
MSA Premium Receivable .....	21,836,777	151,174	29,042	440,701		22,457,694
PCMH Receivable .....	4,501					4,501
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....	23,775,399	421,825	147,653	995,192	12,597	25,327,472
0799999 Gross health care receivables .....	23,775,399	421,825	147,653	995,192	12,597	25,327,472

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	.....	.....	.....	.....	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables .....	45,092	21,140,082	20,489	25,319,580	65,581	10,832,811
7. TOTALS (Lines 1 through 6) .....	45,092	21,140,082	20,489	25,319,580	65,581	10,832,811

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Barbara Ann Karmanos Cancer Hospita .....	14,265					14,265
Botsford General Hospital .....	10,596					10,596
Bronson Battle Creek .....	20,144					20,144
Bronson Methodist Hospital - Kalama .....	10,964					10,964
Commerce Township Dialysis .....					12,508	12,508
Covenant Medical Center - Hospital .....	78,016					78,016
DMC Childrens Hospital of Michigan .....	936,580					936,580
DMC Detroit Receiving Hospital .....		44,540				44,540
DMC Harper-Hutzel Womens Hospital .....	24,457	82,040				106,497
EW SPARROW HOSPITAL .....					10,964	10,964
Fresenius Med Care Lansing Central .....	536,292	80,884				617,176
Fresenius Medical Care Sandusky .....		20,074				20,074
Hayes Green Beach Hospital .....	10,527					10,527
Henry Ford Hospital - Detroit .....	118,772		39,313	33,195		191,279
Hurley Medical Center .....	112,447	106,177			147,339	365,963
Josip Petani MD .....					11,861	11,861
McLaren Bay Region Hospital .....	56,182					56,182
McLaren Flint Hospital .....	240,284	30,109	39,011			309,404
McLaren Greater Lansing Hospital .....	56,294					56,294
McLaren Lapeer Hospital .....	10,911					10,911
McLaren Northern Michigan Hospital .....	21,106					21,106
Memorial Healthcare Center .....	11,237					11,237
Metro Infectious Disease Consultant .....	10,004					10,004
MidMichigan Health Ctr Midland .....	14,294					14,294
Munson Medical Center .....	60,188				24,830	85,018
Oakwood Hospital - Taylor, Rehab Un .....	12,679					12,679
Pontiac General Hospital .....	40,879					40,879
RCG Lansing .....	53,531					53,531
RRC Lapeer .....	132,040	115,150				247,190
RRC Lapeer Home Choice .....		29,339				29,339
Sparrow Hospital .....	184,180					184,180
Spectrum Health Hospitals Blodgett/ .....	32,425					32,425
St John Hospital and Medical Center .....	19,186					19,186
St John Macomb Oakland Hosp - Madis .....	10,433					10,433
St Joseph Mercy Oakland .....	79,902			16,567		96,470
St Marys of Michigan - Saginaw .....	39,423					39,423
The Toledo Hospital .....	254,881					254,881
U MN Med Ctr Fairview .....					86,161	86,161
U of M Surgery Plastic .....	10,125					10,125
UNIVERSITY OF MICHIG .....					30,273	30,273
University of Michigan .....	191,205	143,267	13,502		630,459	978,432
University of Michigan - Rehab Unit .....	12,308					12,308
William Beaumont Hospital Royal Oak .....	165,927					165,927
William Beaumont Hospital Troy .....	12,388					12,388
Rivercrest Specialty Hospital LLC .....	21,060					21,060
0199999 Total - Individually Listed Claims Unpaid .....	3,626,133	651,581	91,826	49,762	954,394	5,373,696

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	23,789,491	1,002,019	691,626	2,375,086	12,420,685	40,278,908
0499999 Subtotals .....	27,415,624	1,653,600	783,452	2,424,848	13,375,080	45,652,604
0599999 Unreported claims and other claim reserves .....						33,900,280
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						79,552,883
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						3,501,979

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
McLaren Health Advantage .....	1,600,248					1,600,248	
McLaren Physician Partners .....	20,630	20,630				41,261	
MDWise .....	1,175,824					1,175,824	
McLaren Health Care Corporation .....	95,389					95,389	
McLaren Health Plan Community .....	1,173,545					1,173,545	
McLaren Medical Group .....	835			121,989	121,989	835	
0199999 Total - Individually listed receivables .....	4,066,471	20,630		121,989	121,989	4,087,101	
0299999 Receivables not individually listed .....							
0399999 TOTAL Gross Amounts Receivable .....	4,066,471	20,630		121,989	121,989	4,087,101	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
<b>Individually Listed Payables</b>				
McLaren Health Care Corporation .....	Pension Payable .....	325,311	325,311	
McLaren Health Care Corporation .....	Professional Services .....	2,324,484	2,324,484	
McLaren Medical Group .....	Professional Services .....	4,174	4,174	
McLaren Health Plan Community .....	Professional Services .....	1,042,588	1,042,588	
McLaren Health Advantage .....	Professional Services .....	893,415	893,415	
McLaren Homecare Group .....	Professional Services .....	565	565	
MDwise .....	Professional Services .....	120,971	120,971	
McLaren Port Huron .....	Professional Services .....	9,969	9,969	
McLaren Regional Medical Center .....	Professional Services .....	1,600	1,600	
0199999 Total - Individually Listed Payables .....	X X X .....	4,723,077	4,723,077	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	4,723,077	4,723,077	



EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	299,809,355	44.779				299,809,355
2.	Intermediaries .....						
3.	All other providers .....	6,171,040	0.922				6,171,040
4.	TOTAL Capitation Payments .....	305,980,395	45.701				305,980,395
<b>Other Payments:</b>							
5.	Fee-for-service .....	24,915,841	3.721	X X X	X X X		24,915,841
6.	Contractual fee payments .....	338,629,516	50.578	X X X	X X X	338,629,516	
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	TOTAL Other Payments .....	363,545,357	54.299	X X X	X X X	338,629,516	24,915,841
13.	TOTAL (Line 4 plus Line 12) .....	669,525,751	100.000	X X X	X X X	338,629,516	330,896,236

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS .....			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	1,201,300	.....	929,377	.....	271,923	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL .....	1,201,300	.....	929,377	.....	271,923	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 4700 NAIC Company Code 95562

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	194,899							601	194,298	
2. First Quarter .....	190,826								190,826	
3. Second Quarter .....	203,156								203,156	
4. Third Quarter .....	206,039								206,039	
5. Current Year .....	201,579								201,579	
6. Current Year Member Months .....	2,400,627								2,400,627	
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	1,521,034								1,521,034	
8. Non-Physician .....	318,734								318,734	
9. TOTAL .....	1,839,768								1,839,768	
10. Hospital Patient Days Incurred .....	739,504							145	739,359	
11. Number of Inpatient Admissions .....	84,820							24	84,796	
12. Health Premiums Written (b) .....	734,877,015	5,029	496					(294,888)	735,166,377	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	734,874,015	2,029	496					(294,888)	735,166,377	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	669,698,032	(278,089)	(28,841)					(1,093,164)	671,098,125	
18. Amount Incurred for Provision of Health Care Services .....	669,698,032	(278,089)	(28,841)					(1,093,164)	671,098,125	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$(294,888)



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 4700 NAIC Company Code 95562

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year	194,899							601	194,298	
2. First Quarter	190,826								190,826	
3. Second Quarter	203,156								203,156	
4. Third Quarter	206,039								206,039	
5. Current Year	201,579								201,579	
6. Current Year Member Months	2,400,627								2,400,627	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,521,034								1,521,034	
8. Non-Physician	318,734								318,734	
9. TOTAL	1,839,768								1,839,768	
10. Hospital Patient Days Incurred	739,504							145	739,359	
11. Number of Inpatient Admissions	84,820							24	84,796	
12. Health Premiums Written (b)	734,877,015	5,029	496					(294,888)	735,166,377	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	734,874,015	2,029	496					(294,888)	735,166,377	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	669,698,032	(278,089)	(28,841)					(1,093,164)	671,098,125	
18. Amount Incurred for Provision of Health Care Services	669,698,032	(278,089)	(28,841)					(1,093,164)	671,098,125	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....(294,888)

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4  Name of Company	5  Domiciliary Jurisdiction	6  Paid Losses	7  Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
11835 .....	04-1590940 ...	01/01/2018	PARTNERRE AMER INS CO .....	DE .....	273,759	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					273,759	.....
2199999 Total - Accident and Health - Non-Affiliates .....					273,759	.....
2299999 Total - Accident and Health .....					273,759	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					273,759	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						.....
9999999 Total (Sum of 1199999 and 2299999) .....					273,759	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO	DE	SSL/I	SLEL	2,111,617						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,111,617						
1099999 Total - General Account - Authorized - Non-Affiliates							2,111,617						
1199999 Total - General Account Authorized							2,111,617						
3499999 Total - General Account - Authorized, Unauthorized and Certified							2,111,617						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							2,111,617						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							2,111,617						

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE



SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums			1,167	1,726	2,145
2. Title XVIII-Medicare		13	16	5	17
3. Title XIX - Medicaid	2,112	1,692	1,497	1,489	821
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	274	664	1,487	1,920	1,887
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	197,351,068		197,351,068
2. Accident and health premiums due and unpaid (Line 15) .....	283,280		283,280
3. Amounts recoverable from reinsurers (Line 16.1) .....	273,759		273,759
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	30,024,846		30,024,846
6. TOTAL Assets (Line 28) .....	227,932,953		227,932,953
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	79,552,883		79,552,883
8. Accrued medical incentive pool and bonus payments (Line 2) .....	3,501,979		3,501,979
9. Premiums received in advance (Line 8) .....	405,848		405,848
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	28,581,425		28,581,425
15. TOTAL Liabilities (Line 24) .....	112,042,135		112,042,135
16. TOTAL Capital and Surplus (Line 33) .....	115,890,818	X X X	115,890,818
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	227,932,953		227,932,953
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama (AL) .....						
2.	Alaska (AK) .....						
3.	Arizona (AZ) .....						
4.	Arkansas (AR) .....						
5.	California (CA) .....						
6.	Colorado (CO) .....						
7.	Connecticut (CT) .....						
8.	Delaware (DE) .....						
9.	District of Columbia (DC) .....						
10.	Florida (FL) .....						
11.	Georgia (GA) .....						
12.	Hawaii (HI) .....						
13.	Idaho (ID) .....						
14.	Illinois (IL) .....						
15.	Indiana (IN) .....						
16.	Iowa (IA) .....						
17.	Kansas (KS) .....						
18.	Kentucky (KY) .....						
19.	Louisiana (LA) .....						
20.	Maine (ME) .....						
21.	Maryland (MD) .....						
22.	Massachusetts (MA) .....						
23.	Michigan (MI) .....						
24.	Minnesota (MN) .....						
25.	Mississippi (MS) .....						
26.	Missouri (MO) .....						
27.	Montana (MT) .....						
28.	Nebraska (NE) .....						
29.	Nevada (NV) .....						
30.	New Hampshire (NH) .....						
31.	New Jersey (NJ) .....						
32.	New Mexico (NM) .....						
33.	New York (NY) .....						
34.	North Carolina (NC) .....						
35.	North Dakota (ND) .....						
36.	Ohio (OH) .....						
37.	Oklahoma (OK) .....						
38.	Oregon (OR) .....						
39.	Pennsylvania (PA) .....						
40.	Rhode Island (RI) .....						
41.	South Carolina (SC) .....						
42.	South Dakota (SD) .....						
43.	Tennessee (TN) .....						
44.	Texas (TX) .....						
45.	Utah (UT) .....						
46.	Vermont (VT) .....						
47.	Virginia (VA) .....						
48.	Washington (WA) .....						
49.	West Virginia (WV) .....						
50.	Wisconsin (WI) .....						
51.	Wyoming (WY) .....						
52.	American Samoa (AS) .....						
53.	Guam (GU) .....						
54.	Puerto Rico (PR) .....						
55.	U.S. Virgin Islands (VI) .....						
56.	Northern Mariana Islands (MP) .....						
57.	Canada (CAN) .....						
58.	Aggregate other alien (OT) .....						
59.	TOTALS .....						

NONE

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2156534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
411		00000	38-2643070				Hospital Health Care .....	.. MI .	... NIA ..	Pontiac Osteopathic Hospital DBA McLaren Oakland .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-3136458				McLaren Physician Partners .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-1358053				The McLaren Flint Foundation .....	.. MI .	... NIA ..	McLaren Regional Medical Center DBA McLaren Flint .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	45-5567669				McLaren Hospitality House .....	.. MI .	... NIA ..	McLaren Regional Medical Center DBA McLaren Flint .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2689033				Lapeer Regional Medical Center DBA McLaren Lapeer Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2689603				McLaren Lapeer Foundation .....	.. MI .	... NIA ..	Lapeer Regional Medical Center DBA McLaren Lapeer Region .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-1369611				McLaren Port Huron .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2777750				McLaren Port Huron Hospital Foundation .....	.. MI .	... NIA ..	McLaren Port Huron .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2683251				Marwood Manor Nursing .....	.. MI .	... NIA ..	McLaren Port Huron .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2467310				Parkview Property Management .....	.. MI .	... NIA ..	McLaren Port Huron .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2491659				Willow Enterprises .....	.. MI .	... NIA ..	McLaren Port Huron .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2988086				McLaren Medical Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-3267121				Mid-Michigan Physicians .....	.. MI .	... NIA ..	McLaren Medical Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-3491714				Visiting Nurse Services of Michigan DBA McLaren Homecare Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	46-3643089				Hospice and Homecare Foundation .....	.. MI .	... NIA ..	Visiting Nurse Services of Michigan DBA McLaren Homecare Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
	4700	McLaren Health Plan .....	95562	38-3252216			McLaren Health Plan .....	.. MI .	... NIA ..	McLaren Integrated HMO Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
	4700	McLaren Health Plan .....	14217	27-2204037			McLaren Health Plan Community .....	.. MI .	... DS ..	McLaren Health Plan .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
	4700	McLaren Health Plan .....	00000	91-2141720			Health Advantage Inc. ....	.. MI .	... DS ..	McLaren Health Plan .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000					McLaren Insurance Company LTD. ....	.. CYM .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
	4700	MDWise, Inc. ....	00000	35-1931354			MDWise, Inc. ....	.. IN .	... NIA ..	McLaren Integrated HMO Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	47-3192307				MDWise Medicaid Network .....	.. IN .	... NIA ..	McLaren Integrated HMO Group .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	82-4449304				McLaren Integrated HMO Group .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-3426063				McLaren Caro Region .....	.. MI .	... NIA ..	McLaren HCC .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....
		00000	38-2422995				McLaren Caro Region Foundation .....	.. MI .	... NIA ..	McLaren Caro Region .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	... N ...	.....

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	.....	00000	81-3487385	.....	.....	.....	CCH Holdings Inc. ....	.. MI .	... NIA ..	McLaren Caro Region .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.... N ....	.....
.....	.....	00000	38-1474929	.....	.....	.....	McLaren Thumb Region .....	.. MI .	... NIA ..	McLaren HealthCare Corp .....	Ownership .....	..... 100.0	McLaren Health Care Corporation .....	.... N ....	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	11,481,783	.....	.....	.....	11,481,783	.....
95562 ..	38-3252216 ..	MCLAREN HLTH PLAN INC .....	.....	.....	.....	.....	7,167,337	.....	.....	.....	7,167,337	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	20,927	.....	.....	.....	20,927	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	(11,474,004)	.....	.....	.....	(11,474,004)	.....
14217 ..	27-2204037 ..	MCLAREN HLTH PLAN COMM .....	.....	.....	.....	.....	(7,196,042)	.....	.....	.....	(7,196,042)	.....
9999999 Control Totals .....			.....	.....	.....	.....	0	.....	X X X	.....	0	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes
- APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes
- JUNE FILING
8. Will an audited financial report be filed by June 1?

Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

Yes
- AUGUST FILING
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

No
- APRIL FILING
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?

No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?

No
- AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Yes

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA





SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



95562201822600000

2018

Document Code: 226

LTC Supplemental Interrogatories



95562201830600000

2018

Document Code: 306

Health Life Supplement - April



95562201821100000

2018

Document Code: 211

LHA Guaranty Association Reconciliation



95562201829000000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



95562201830000000

2018

Document Code: 300

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION .....	164,819		164,819	145,060
1105. SELF INS TRUST FUND CTF .....	233,166		233,166	200,474
1106. RISK CORRIDOR RECEIVABLE .....	6,304,669	6,304,669		
1107. PREPAID DENTAL EXPENSES .....	74,908	74,908		
1108. PREPAID RENT EXPENSES .....	38,578	38,578		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	6,816,140	6,418,155	397,985	345,535
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....				

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Professional Development .....	302	1,287	4,521		6,110
2505. Bad Debt Expense .....	(27)	(114)	(401)		(541)
2506. Pension Related Expense .....	9,612	40,979	143,990		194,581
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	9,887	42,152	148,111		200,150

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1104. OTHER INVESTMENT DEFERRED COMPENSATION .....			
1105. SELF INS TRUST FUND CTF .....			
1106. RISK CORRIDOR RECEIVABLE .....	6,304,669	6,304,669	
1107. PREPAID DENTAL EXPENSES .....	74,908	75,381	473
1108. PREPAID RENT EXPENSES .....	38,578	38,026	(552)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	6,418,155	6,418,075	(79)
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....			

INDEX TO HEALTH  
ANNUAL STATEMENT

Analysis of Operations By Lines of Business .....	7
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